Milk

By Dr. H. GRANT FLEMING
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BEHIND much of the world's misery lies the fact that improper foods make up the diet of the majority of people. Foods may be improper as to kind, quality and quantity, and also as to their preparation for use.

If we as individuals are to be healthy we must eat intelligently. If Canadian children are to be given a fair chance for physical development, and so be made capable of physical and mental effort, they must be properly fed; they must have a properly balanced diet.

The subject of nutrition is not one that is merely of academic interest and a field for interesting scientific research, but rather is a good example of the need for, and the value of, applied science. By "nutrition" we mean the process which takes place inside the body by which food is converted into a suitable form to enable it to be used by the tissues in their continuous process of building and repairing, and at the same time to provide energy for the maintenance of body temperature and for work.

The need is strikingly evident in children, for we can see them grow and develop. The continual replacing of worn-out tissues is not as evident, but is just as real and vital a process as the more evident process of growth. A moment's thought will, of course, make it very clear that considerable food must be converted into heat to maintain an even body temperature at all times. While this latter function is frequently likened to a supply of coal for heat production in the home, let us not press the simile too far or we shall be comparing shovelling coal into the furnace to the bad habit of shovelling food into the human body!

I would like first to make it absolutely clear that nutrition and proper food are **not** synonymous terms. A child may be fed proper food in proper amounts and yet not be properly nourished. The reason being that the processes of digestion, assimilation and growth are influenced by factors other than food intake. A child with diseased tonsils or teeth, or obstructed nasal breathing due to adenoids, is frequently, if not always, physically subnormal, a term which to my thinking, is much better than malnutrition, which latter is most widely used. Again the child who goes to bed late and has not sufficient sleep, or does not get out in the fresh air to play, or does not sleep in a properly ventilated room, is seldom physically fit.

In other words, proper nutrition depends upon a proper health routine, the outstanding factors in which are sufficient rest, plenty of fresh air, and proper food. So in considering this last factor do not forget that it is one of several, none of which can be separated in practice if successful nutritional results are to be obtained.

From the general remarks, we pass to the consideration of one phase of nutrition—proper food.

There has been some criticism of health workers in that they make dogmatic statements which are not supported by scientific experiment or experience. This criticism is justifiable and is due to the over-enthusiasm of certain workers who, carried away by some plausible article or speaker, venture on to uncertain ground with certainty and with unjustifiable assurance. Health work has profited much, and in many places has been made possible, by the enthusiasts, trained and untrained, who have forced action when the authorities were uninterested or powerless. And so I am not speaking in criticism, but merely in

explanation of criticism you may have heard in other places.

We believe that to go slowly and surely is best, and not to teach anything for which we have not reasonable scientific backing. Today we see a rapid advance in the art of medicine and the development of the branch known as applied preventive medicine, in the form of what we call health work. This progress is possible because of the rapid development of the sciences.

Concerning foods, their uses and values, we have certain definite scientific information. We appreciate that what we know is only a comparatively small part of that which will some day be known. But with our present knowledge we can do a great deal, and we can teach with assurance certain things. Also, we know that what we have to teach is of vital importance to the health and welfare of a community.

As in practically everything that is of a constructive nature, the most important part is the earliest work or the laying of the foundation. In this regard, nutrition of the individual, or body building, is no exception to the rule. For while proper food is a necessity all through life, if it is lacking in the earliest years, a condition is created which proper diets later in life will not correct; or we might say, such a human structure has and will have a weak foundation.

It was the realization of this fact that prompted health authorities to carry on vigorous campaigns for proper nutrition of the expectant mother and breast feeding of the infant, and the proper feeding of children.

We have known for many years that foods are composed of fats, carbohydrates, proteins, minerals and water and that they have a certain caloric, heat or energy producing value. So it was that for a time fats, etc., and caloric values were the only terms used when diets were discussed.

In later years we have had a vitally important truth given to us, which is briefly this: There are present in foods what are described as accessory food factors, which have been named "vitamines." Just what they are, their chemical composition, etc., we do not know, but carefully-controlled experiments have shown that there are at least three different kinds of vitamines and that they are present in different foods in varying amounts. Also it is clear that upon their presence depends proper physical development and maintenance of physical fitness.

We know that when people have lived almost exclusively on polished rice they develop a disease of the peripheral nerves called Beri-Beri, and that the use of unpolished rice prevents and cures the disease. This means that in the outer covering of the rice there is a certain substance which is necessary for proper nutrition, not for any caloric value, but a substance which enables the body to use properly the food taken in. A man cannot smoke, no matter how many pipes, cigars or cigarettes he may have, unless he has the means to light them. The body apparently cannot properly use food without vitamines to act as does the match to the tobacco, so to speak.

You will recall reading of the sufferings of sailors in the old sailing vessels and of the pioneers in this country cut off from anything but dried or salted food, how they suffered from scurvy and how, when they got fresh vegetables or fruit juice, they were cured. Scurvy is another disease which is due to the lack of vitamines which are present in fresh vegetables, fruits and milk.

Nowadays in this country we rarely see cases of acute deficiency diseases—the name given to scurvy, rickets and such diseases—but we do see many chronic conditions of physical subnormality or malnutrition due to improper diets.

We can say that in the vast majority of such cases the article lacking in the diet has been milk and milk products.

Why is milk so important, why is it such a valuable food, why should it be used?

To begin with, milk in itself contains all the requisites for body-

building and repair, for energy production, and is also rich in vitamines. In other words, milk is a complete food, and as there is no other similar food it cannot be substituted for by any other. For the very young it is used alone; as we grow older other foods are added for variety and for more concentrated energy-producing power, but an adult should use at least half a pint of milk a day, and every child at least a pint, and much better a quart.

There is one point that I particularly desire to emphasize and that is the absolute need for milk during the entire period of growth; during all the school years. The idea that milk is a food for babies and invalids alone is entirely wrong. Milk is a food to be used by all to maintain health, and, above all, is a **necessity** during the entire period of growth.

Milk is really an economical food from its energy-producing standpoint, for one quart, in that regard, is equal to a pound of beef or nine eggs. But its greatest value is due to its completeness in a digestible form, and that it contains all the known vitamines.

Now, when we say, "Use milk," it does not necessarily mean to drink it. It may be taken on cereals, or in creamed soups, or in cocoa, or in any other way. Usually any child who has been properly trained will drink milk. We have found that children whose parents were quite sure they could not drink milk very quickly take their share when they are associated in school with others drinking it.

We have known for years that rickets, which is a disease of the bones, a condition of defective or arrested development—is due to some deficiency in diet, and that the continued use of cod liver oil or milk would prevent or correct it. We now know that it was the lack of vitamines which caused rickets. The same statement applies to teeth. Any child with rickets has poorly developed teeth. Here again is evidence of the importance of the role played by milk in the proper development of the human bones and teeth. It is recognized that the nations whose industries are chiefly dairying have the best teeth and bone development. The modern dental teaching from the preventive side is simply the teaching of a proper diet.

What we are saying is that the normal development of the body and the maintenance of health depend upon a proper diet. The most important article, the one that cannot be replaced, is milk and milk products. We might almost say that the health of the public is dependent upon the cow.

Milk protein is of the best type, and as it is a body-building material, and as the growing child adds from five to fifteen pounds of growth each year, the need, importance and value of furnishing him with such good proteins as are best supplied in milk are evident. A more detailed digression into the various types of proteins would not, I think, be of interest or help to us. We need only know that all proteins are not of equal value for tissue-building, and that milk furnishes the best and cheapest. Milk protein is much more easily assimilated than that of meat, peas and beans.

The fat of milk being in the form of an emulsion is very easily digested and readily assimilated. Fat supplies heat and muscular power, and is part of the fuel-part of our diet.

The carbohydrate of milk which is the sugar of milk is particularly easy to digest. All other starchy foods require the action of saliva, pancreatic or gastric juices to digest them. This is not so with the carbohydrate of milk. Milk sugar is a fuel, supplying heat and muscular power.

The body is not built up from proteins alone, but requires a variety of mineral substances. If stunted growth, poor bones and teeth with faulty development are to be prevented, then expectant and nursing mothers and growing children must have, in addition to other things, a sufficient amount of minerals in their diet. This can best be secured by the use of milk. The lime and phosphorus of milk, which are necessary for bone formation, growth and development,

are present in a form which is readily and completely absorbed. Iron is also present in a form that can readily be absorbed. A liberal supply of milk ensures against any lack of minerals in the diet.

Add to this perfection in the chemical composition of milk the fact that it is rich in the substances called vitamines, and it can readily be appreciated the truly wonderful completeness of this one food which, comparing it with any other in its chemical, caloric or true nutritive value, is cheap on a dollars and cents basis.

The various milk products are all of value. Skim milk and buttermilk contain the protein, but lack most of the fat and some of the vitamines. They are of real food value and cheap.

Butter is a readily digested form of fat, and so has a high energy value. It is rich in growth-stimulating vitamines. Children should use butter.

Cheese is a very valuable food; it contains the milk proteins and is rich in minerals. It is practically equal to whole milk in its nutritive value, but, being concentrated, must not be taken in excess, for then it may upset the digestive system.

Ice cream is a good food, and its use as such is recommended. We mean, properly made, of course. While it is expensive as a food comparing its food value in terms of whole milk, it is much better for children to buy an ice-cream cone than to spend their money on candy.

In other words, all milk products are good and have much of the food value of whole milk, some having more of one quality than others.

I take it that we are all interested in the progress and success of our city, our province and our country. This is not said in a sentimental way, but I refer to that commendable pride of race and love of country. If we as a people are to succeed, then we must have health and strength, ability to work, to strive, and to achieve. You may point to those who have succeeded with frail bodies, but I say they succeeded in spite of their frailty, and would likely have risen to greater heights if they had had the physical strength upon which to call. It is a great thing that men now live longer and that fewer are lost at the age of their greatest productivity and experience. All progress will be hastened by the lengthening of life which is being brought about as a result of applied preventive medicine.

The nutrition of the child is, I suppose, a medical problem, but it is one that is so closely related to educational work that educational authorities might well claim it as their own, and must at least have a vital interest in the problem. Our educational systems cost money just as all other services do. The taxpayer is right in asking that this money be spent to the best advantage. Now no child can receive a reasonable benefit from his educational course unless he is properly nourished and physically fit. In many cases that I have seen mental retardation was due to malnutrition. The child who comes to school without breakfast will not receive the same benefit from the morning's work as does the child who comes after a proper preparation for the day. I was astonished to find in one school I visited in this city that out of a group of twenty children, half of them had come to school without breakfast or had only had a cup of tea. I am not suggesting that this group is representative of the school population, but I have the impression that it was representative enough to show that a problem exists.

The conclusion I draw from this is that if the educational authorities do not desire, and I am sure they do not, to waste money, they must be interested in this problem of nutrition and the use of milk, for the money spent on the education of a physically subnormal child is partially wasted, that is, compared with what results would be secured if the child were physically normal.

In this regard I am speaking from personal observation on groups of several hundreds of school children, selected because they were physically subnormal; some in the early stages of

St. Vitus Dance, a disease due to faulty nutrition; others thin, round-shouldered, hollow-chested; some stupid-looking. Such children placed in open-air schools where they get fresh air, two hours' rest at noon and plenty of milk, become normal physically in most cases, and the mental change in the same children can only be credited by those who have witnessed it. Do not misunderstand me; I do not mean that a quart of milk a day will cure cases of mental deficiency, but I do mean that there is often mental retardation associated with and accompanying malnutrition.

Now this problem of nutrition is, I appreciate, a very large one. Difficult because it means a change in the habits of the home and the customs of the people. It depends, as I have pointed out, upon a proper health routine.

Because a problem is difficult is no good reason for avoiding it, providing that we have a sound plan for attacking it, with reasonable hope of an accomplishment commensurate with the effort.

I do believe that any effort to encourage the use of milk by children is well worth while and will give results. It is not going to solve the problem of nutrition, but it is a very definite step towards its solution and the provision of a well-balanced diet.

We speak of a well-balanced diet. By that we mean that the various constituents of an adequate diet tend to reinforce the value of each other, and so such a diet is immeasurably better than a diet which is just on the border-line of sufficiency.

Proteins are used more efficiently in the presence of vitamines: iron is better handled in the diet that is rich in calcium, and the latter is better stored if there is plenty of phosphorus.

Milk is an excellent food for this purpose. Its caloric value, protein and mineral content, plus a richness in vitamines, mean that added to the diet it practically eliminates any possible deficiencies in the rest of the diet.

Therefore I would urge upon you that you give favorable consideration to any plan to encourage children to use milk. I know that the school curriculum is crowded and that the teachers are hard pressed to cover the programme. I know that the school should not be expected to assume the responsibilities of the home. But yet here we are face to face with a condition as it exists.

The nutrition committee of the Child Welfare Association of Montreal carried on a demonstration here which corroborated what I have said and what has been experienced elsewhere. It was proven that if a group of children had their physical defects corrected and then lived under a proper health routine, they would, in the vast majority of cases, become normal. That work was a demonstration and is now finished.

I am sure we all hope to see Forest Schools and open-air schools established to carry on just such work, for it is needed.

In the meantime, all of us can talk health and encourage the use of milk. Also let us think of preventing malnutrition rather than curing cases. There are doubtless thousands of school children who would be greatly helped by receiving milk every day. There are many hundreds who are just on the border line and who would be prevented from falling into the class of mal-nourished by receiving milk. Is it possible to have the children take milk in school? Without wishing to dictate, I would answer my own question by saying that it is being done in many schools. What is more, nearly every school that starts it keeps it up. What is the result? An increased use of milk in the homes which will, without doubt, improve the physique of our race, increase resistance to disease, improve mental alertness and ability to do the day's work.

I have attempted to point out the need and value of milk as a food, and I have tried and, I hope, succeeded to some extent in enlisting further support for encouraging the use of milk by whatever means you can.

There is but one thing more that I desire to discuss. You will appreciate

that as milk is so valuable and necessary, and that we urge everyone to use it, that we in Montreal must unfortunately as yet qualify our advice by saying, be sure you secure safe, pasteurized milk.

Every good thing presents difficulties. Milk is a food, and as it is a food disease germs grow in it, and when it is warm they grow very rapidly, and so milk has been responsible for the spread of disease.

This is so important a subject from the standpoint of public health that all health authorities place a safe water and milk supply at the head of the list of essential things to be done if a city is to protect its citizens. It is certainly true that child welfare in a physical sense is largely dependent upon a safe milk supply being available.

I do not wish to burden you with arguments, but I do desire to take this opportunity of enlisting your active support in our campaign for a safe milk supply. We desire to see enacted the by-law as prepared by the City Health Department so that Montreal's milk supply will be safe and so that we may shout from the house-tops, "Drink Milk!" without having to qualify the remark by saying," But be careful what milk you drink!"

(Read before the Montreal Teachers' Federation).

Divine Discontent

By J. E. B.

This would be a poor old world indeed without the spark of divine discontent. Unfortunately, our discontent is usually directed towards others, and some very unpleasant methods have been used by the "uplifters" in all ages.

Our cave-dweller ancestors who saw a fault in the conduct of their neighbors, settled matters quite summarily with a heavy club or a large rock. Later on, these crude methods were replaced by organized war, and men found satisfaction in the defeat of the enemy, when the spectacle was glorified by all the gorgeous trappings of banners, armour, trumpets and prancing steeds.

As our race become pious, the courts of the church took a hand, and those who had the temerity to announce beliefs that differed from the orthodox, met the fiery death of the martyr or witch.

Still later, we relegated all these methods to the Dark Ages, and betook ourselves with new-found zeal to the delight of legislating. This seems to have reached its zenith in the present day. Do we see a mote in our brothers eye, then let us make his fault illegal, and have him fined or imprisoned for it.

Fortunately, we are not without our prophets, those who reveal the vision of a race emancipated through the "freedom of the spirit." Indeed, we begin to get glimpses of our earth transformed into a real Utopia when our children are educated in such a way that their minds are trained to search for truth, no matter where it may lead, when they are taught the great duty to themselves and the race of living healthful, wholesome lives, and when they are taught in very deed "to love their neighbors." Indeed, the day may not be far off when the divine spark of discontent may be directed by each man towards his own heart.

— Editorial —

In the November number "The Canadian Nurse" called the attention of the nurses of Canada to a matter of the very greatest importance: "the need throughout the whole of Canada for qualified nurse instructors on the staff of the Training Schools." At the same time an article appeared in "The American Journal of Nursing" which stated that the supply of qualified nurse instructors was less than one-third of the demand, and that the facing and solving of this grave problem is a responsibility of the whole nursing profession: that is to say, your responsibility and mine. Now, I think that on the whole, as nurses, we are in the habit of shouldering our responsibilities, so let us, for a few minutes, carefully consider this matter.

We hear today much criticism of nurses; some of it we must, alas, confess to be well merited. In very many instances the trouble is due to the kind of teaching and experience they have had in their Training Schools. No vocational occupation, much less a profession, can hope to keep an honoured place in the esteem of the community unless the education, the special preparation of its future members for their work, is on a satisfactory basis, carefully guarded and recognized as a matter of vital concern to the present members.

Now, are we entirely satisfied with the nursing education we had or with that our schools are now giving? If not, what are we doing about it?

Surely no type of school can do satisfactory work without qualified teachers. Where are the qualified teachers for our schools coming from?

But you may feel satisfied with the training you received; you may think that what was good enough for you is good enough for the young woman of today. But is it? Stop and think, on the one hand, of the average age of the girl entering a School of Nursing today; of her ignorance of household matters; of her general inexperience of life. On the other hand, think of the increased demand made upon the graduate nurse by the development of science and of medicine. Then remember that it is also required that she should be able, not only to care for the sick, but to teach the **prevention** of sickness, and show the path to higher standards of health. Furthermore, it is generally conceded that she should understand the principles of social work and co-operate intelligently with social workers.

Do not these considerations show that, whatever may have been the case in the past, nursing education today must be a very definite, systematic, organized thing for which qualified teachers and proper equipment are essential?

Now, obviously, to supply the teachers needed, requires two things. First, graduate nurses fitted to become teachers and willing to prepare themselves; second, money to enable those who need help to take the required preparation.

If the need is to be met we must all help in this matter; private duty, public health, and institutional nurses. We can interest other nurses. We can promote by our interest and by our contributions the giving of scholarships. Best of all, some of us can prepare **ourselves** to become teachers in this field, where the need is so great and the supply so small. Let us arouse ourselves and do this for the honour of Canadian Nursing.

Manitoba Health Survey of School Children

A SMALL survey of the school children in Manitoba was made possible by a grant of $1,000 from the Canadian Tuberculous Association, an equal amount from a bequest for research in tuberculosis in Manitoba, and a grant of $500 from the Manitoba Red Cross Society.

The previous survey that came nearest to Manitoba conditions was one made of sixteen hundred children in eight rural areas of Saskatchewan in 1921. It was thought best to make the Manitoba survey supplementary to this by making it urban. It was considered, also, that it should be intensive rather than extensive; that more could be learned about the 40 000 school children in Winnipeg by a complete examination of five hundred than by a mere march past of the whole number. The children were selected from different districts, schools and ages, with the idea of having as representative a cross section as possible of the school population.

With headquarters for the survey in the Medical College, the General Hospital next door, the services of thirty or more medical men of special experience, the co-operation of many organizations — notably the Winnipeg School Board, the Health Department, the Victor X-Ray Company—and the work of a number of volunteers, made possible a completeness of examination that could scarcely be reached in a rural survey.

Records were made of race, age, height, weight, school grade, and also as to the general physical condition, nutrition, posture, skin, general appearance, relation of weight to height, age, etc. A careful examination of the chest was made, which included a stereoscopic pair of X-Ray plates, and in one hundred cases a plate was made from the side of the chest in addition. It was in these X-Ray plates that the chief cost lay, and a considerable part of the work, but, especially as in few previous surveys have pairs of plates been made, they were considered worth the expenditure.

Special examinations were made of the heart, and of the eye, ear, nose and throat. The thyroid gland was a subject of special inquiry. A mental estimate was made of seventy-three children. The examination of teeth was carried out by members of the Winnipeg Dental Society. Swabs were taken of all noses and throats. The tuberculin test was applied to almost all. Urine was examined in all cases, and sputum, when found present. Special physical defects were in a few cases further investigated.

The first care was, from the mass of facts collected, to check up records of individual children, and report to the parents any abnormal conditions found. The second was to sum up such conditions and find their totals and percentages. This has been done. The third task, and the largest one, not yet completed, is to compare one finding with another so as to determine their relations, or if they have relations: as enlarged tonsils and defective ears, heart defects and enlarged thyroid glands, etc. This third study will be laborious, but will very likely yield interesting and valuable results.

What are some of the findings already arrived at? In stating these, much detail, many of the finer distinctions and the more exact percentages must be omitted.

General Examination

Of the 564 Winnipeg children examined, 90% were of Canadian birth, 5% were born elsewhere in the Empire, and 5% were of non-British birth. Eighty-seven per cent. showed vaccination marks; 13% unfor-

tunately did not. Sixteen per cent. were considered over-weight for age and 3% for height; 22% were 10% or more under weight for height; 13% were 10% or more under weight for age. Nutrition and muscular development were considered poor in 9% and 5% respectively. Posture was found faulty in 18%, and orthopedic defects—mostly flat feet—were found in one-fifth of those examined. Some after-effects of rickets were found in nearly 4%. Slightly enlarged glands were found in one-half the children examined. The urine was found abnormal in a considerable number of cases.

The Chest

A thorough-going chest examination was made of each child. It is well known to medical men that signs of lung diseases are more difficult to detect in children than in adults; that tuberculosis, for instance, is more likely to have invaded the hidden glands lying between the lungs than the lungs themselves. Such disease of the glands is better searched out by the X-Ray plate than by the stethoscope. A number of abnormal conditions were found by examination which confirmed, or were confirmed by, the plates.

The X-Ray

Even the black and white X-Ray records of children are difficult to interpret. The normal chest pictures vary as much as normal features and normal figures; and almost all disease visitors to the chest leave calling cards at the lung roots or elsewhere. Abnormal lung shadows in children, therefore, may mean that there have been more or less recent calls from measles or whooping cough, or scarlet fever or influenza or even from the more ordinary "colds." When tuberculosis has made some progress its marks are very evident, but its beginnings may very easily be confused with other shadows.

A study of the X-Ray plates showed much more shadow, many more tracks and trails of pulmonary invasions in the lungs of presumably normal children than were expected. The lung root shadows were considered to be beyond normal in 60%, glands between the lungs were noticeably enlarged in 7%, and in 2% there were evidences of old pleurisy.

Definite evidence of tuberculosis were found in sixteen cases, or nearly 3%, and 63, or 11%, showed signs suspicious of tuberculosis. Not all the sixteen were considered to show active or present disease, but mostly past and now inactive disease. In several of these children long-continued exposure to diseased adults could be traced. In Chicago, while tuberculous adults may live freely in contact with any adults, they are by law forbidden to live in the same houses with children.

Tuberculin Tests

The children who showed signs of disease were not by any means the only ones who had been infected by tuberculosis. A reaction to the tuberculin test shows the presence of infection in people as it does in cattle. In every community many are infected, but few actively diseased. In the United States it is estimated that seventy-five in every hundred people are infected, whereas in only one in one hundred can active disease be found by examination.

In the Winnipeg survey positive reactions to tuberculin were found in 25%, doubtful in 16%, or positive and doubtful in 41% of the children tested. In the rural survey in Saskatchewan in 1921, more than 44% at the age of six reacted to tuberculin and more than 57% of all the children examined. In St. Louis 32% of the younger children showed similar evidence of infection; in the Dundas district of Ontario 32%; in Framingham, Massachusetts, nearly 46%, and in Vienna as high as 72%.

This simply means that here as elsewhere infection by tuberculosis is widespread even at early age. At

later age it becomes practically universal. It must always be remembered that tuberculosis infection does not mean tuberculous disease, but may even be as a vaccination, a partial protection from active disease.

The Heart

Investigation of heart conditions was made with special care. In six cases, or little over 1%, organic heart disease was found, which, however, in no case seemed to very definitely affect the health of the children. These defects called for observation rather than for treatment. In addition to these, heart murmurs of even less significance were found in about 19%. A study was made of blood pressure in relation to age, sex, weight, and thyroid enlargement.

Eye

In the examination of eye, ear, nose and throat it would be expected by medical men that though a large number of abnormal conditions would be found, not all of these would call for definite treatment. As many as 25% were found to have vision in some way defective, but most of these children who need them were already wearing glasses. Two children were found with definite squint.

Ear

About 16% of the children were reported defective in hearing, but the tests were not entirely satisfactory, partly because the conditions under which the examinations were made were not ideal for such estimations. Abnormal tonsils did not appear to affect hearing as much as was expected.

Nose and Throat

Some nasal obstruction and malformation were found in nearly 27%, though it was thought that this required treatment for the betterment of health in a few cases only.

Tonsils were found already removed in 33%, enlarged in over 8%, diseased in 18%, enlarged and diseased in 20%, and normal in only about 21%. That means that abnormality and even disease of the tonsils is very common indeed among these children, though all abnormal or enlarged tonsils do not necessarily need to be removed.

Germ Carrying

A most interesting and most useful inquiry was that made regarding the bacteria harbored in nose and throat. It is well known to medical men, and indeed to most of the general public also, that all people carry about many more germs of disease than they actually suffer from, and that almost any nose and throat could furnish enough bacteria to create havoc if conditions favorable for their spread were brought about. Naturally noses and throats diseased or abnormal or badly cared for contain more than their share of these germs.

Swabs of nose and throat of each child were taken and cultured. One of the most interesting findings was germs of diphtheria in thirty children, or 5.3%. That does not mean that these children have the disease or even that all the germs in their throats were virulent. But it does mean that if the general resistance of these children were lowered they could in many cases be infected from their own throats, and also infect others by contact.

Another organism of the germ menagerie found in these noses and throats was the pneumococcus, which has to do with pneumonia, found in 32% of noses and 55% of throats. The streptococcus and the staphylococcus, chains and bunches of dots, respectively, the usual pus-forming organisms, were found in 18 and 47% of noses and 32 and 45% of throats. The pneumococcus found was of a special type which has been fairly common in Winnipeg since January, 1924.

Some grain of comfort may be derived from the supposition that children harboring such disease germs may be unconsciously and without harm developing immunity thereby.

So, sweet may be the uses of adversity.

Teeth

Members of the Winnipeg Dental Society made a careful examination of the teeth of all the children. While their reports were available for the individual children, they have not yet been summed up so as to give an idea of the number of defects found.

Goitre

In recent years there has been a great deal of investigation and discussion about enlargement of the thyroid gland, commonly known as goitre, in both the old world and the new. A "goitre" may or may not be considered as disease. but at best it is unsightly and can develop disease. It is a matter of concern, therefore, that in some districts three children in four are found to have some enlargement of the gland. There is the greatest difference between communities: one city in Michigan showing enlargement in 26% of its school children; while in another, only twelve miles away, enlargement is found in 75%.

It is considered now-a-days that the chief cause of enlargement of the thyroid is iodine starvation. The iodine content in water supplies and foods varies greatly in different districts. In some parts of British Columbia, for instance, the local deficiency in iodine is so marked that domestic animals, unless fed a certain amount of this food element, will not produce healthy offspring, nor indeed offspring that can survive.

Of the Winnipeg children, 2 or ½ of 1% of the whole number had marked enlargement; nearly 6% moderate enlargement and 36% slight enlargement; a total of 43% having some enlargement.

In the Winnipeg survey, as in others, enlargement was more common at the older ages and more in girls than in boys. It was not found definitely linked up with any other abnormal conditions, except to some extent with mental deficiency.

Mental Defects

Seventy-three, or nearly 13% of the total number were referred for mental examination because one or more grades behind average children of their age. Half of them were found to be mentally normal. Twenty-three children, however, or 4% of the whole survey, were considered sub-normal; nine, or nearly 2%, "borderline." and 7, or something over 10%, feeble-minded. The seven feeble-minded children it was considered should not be in public schools, and the thirty-two sub-normal and "borderline" should be in special classes in which individual attention could be given them.

A fairly high proportion of these sub-standard children were of non-Anglo-Saxon stock; muscular development was less than the average; thyroid enlargement was more common; enlarged and diseased tonsils and unhealthy throats generally more than twice the average; and malnutrition was more common. Defects in sight and hearing were not beyond the average.

As has been already stated, only 564 Winnipeg school children out of about 40,000 were examined. What defects were found in the survey could be multiplied by about seventy to give totals for the children of the whole city.

To keep this summary within limits and fairly understandable many details had necessarily to be left out. Enough has been put down, however, to show defects which will grow up, as the children grow, into permanent handicaps, so that when the next generation comes to a test in war-time or in peace-time it will be found as the present generation has been, one-third handicapped. Most of these handicaps can be removed if dealt with now. What should be done about it?

(Compiled from the report prepared by Dr. D. Stewart, Ninette Sanatorium, Ninette, Man.)

The First Convention of Canadian French Speaking Nurses

By SISTER DUCKETT, Reg.N.

A FEW months ago I was called upon to give an account of "What is being done in the French section" before the members of the "Quebec Registered Nurses' Association."

Since then, the "First Convention of the French Speaking Nurses of Canada" has been held in Montreal, and it is the wish of our thoughtful President that you should hear something about our convention and how the programme was carried out.

As an introduction to the report, it may not be useless to underline what was previously said about our "raison d'etre."

Why form an association of French speaking nurses? Why have university courses for graduate nurses in Montreal, given in two different centres? Why create a new magazine for Canadian Nurses?

All these questions have been thoroughly thrashed out, and the ultimate result of the thrashing, whoever the thrasher was, always spelled the same: "Better care of the patient."

Taking it for granted that we all agree on this: the necessity for our existence, let me point out that the report of our Convention is decidedly the main chapter of our local history of nursing.

It is the tangible result of silent efforts to bring together the widegathered elements of a natural compound; it is the answer to a longfelt need: the realizing of what we could do; it is the focussing of individual energies towards a well defined, constructive programme.

I shall not burden you with the details of our convention as to time, order and length of sessions; neither shall I endeavor to tell you of the thrill of enthusiasm we felt passing in our ranks from the very moment we gathered in the university chapel on the morning of September 8th for the opening of the congress, untill we separated on the afternoon of the second day with a common, unwritten resolution: "**Do Better**."

Remembering that I am talking to co-workers who believe in conventions, who are liable to be called upon to act as delegates at any time in a near or remote future, I intend to bring out certain features of our congress so as to give you an insight of our purposes in the working out of its programme.

Naturally, we started by prayer; not only because it is customary to do so, but because we felt very much in need of light and help from above.

Registration—

We tried the book registration method; it was not entirely satisfactory. Somehow many a name had not been written. The reason for our mistake was that we did not expect a crowd, and a big crowd we were! Next year we shall probably try another system of registration: cards, for instance, or door control.

Official Opening—

By all means, we wanted an important personage to open our first Convention. The rector of the Montreal University had landed the day before from overseas. He consented willingly to say just a few words in the morning, and to reserve his address for the mass meeting in the evening. Mgr. Piette declared the Convention as officially opened and gave some advice—laying great stress on the advantages of a yearly gathering, provided everyone would consider it a duty to take part in the round table conference.

The President's Address—

In preparing her opening address, the President had a twofold object in view: 1. To let the whole body know what the small number had done; 2. To bring all the members into co-operation with that small number in order to help in . . . what is yet to be done.

What **has** been done includes: (a) The foundation of university courses, in existence since the spring of 1923; (b) the grouping of these post-graduate university students in an association the aim of which is to serve as a link between the university and the profession, individually and collectively; (c) the launching of a magazine conveying to every member items of interest in regard to the profession. "What is **yet** to be done" covers not only the safeguarding of the existing activities here mentioned, but also the persevering efforts towards our ultimate aim: the centralization of all our energies expressed in a concrete manner. A central **Home**, with a central registry; a self-supporting organization, sufficiently trained and equipped to answer to all the sick who need our care, rich or poor.

Secretary's Report—

The Secretary's Report stated how the executive proceeded to bring the programme to an end. Most particularly did the Secretary emphasize the fascinating experiences the President and herself underwent in the foundation of the magazine.

From the Treasurer's report let us extract the following figures, for the period extending from December 1st, 1923 to September 1st, 1924:

Receipts		$1,860.59
Expenditures	$1,374.40	
On hand	486.19	
	$1,860.59	$1,860.59

The Vice-President read a compilation of answers received from the university students of the 1923 courses, telling of their experiences and work during the year as a consequence of their studies. A questionnaire had been sent to them by the Vice-President asking their appreciation of the course and suggestions as to the opportunity of changes in our programme for the university courses. Very helpful hints were gathered from the whole for the benefit of the coming students.

By this time the first morning session was over. The members left the hall with a very clear view of what the infant Association called "La Filiale Universitaire" was able to do.

Symposium—

The four preceding papers illustrated the advantages of a symposium. It works as a three or four act play, the same subject being presented in its different parts by different individuals.

It breaks the monotony of the delivery, and the preparatory work—being fractionned—is more willingly accepted by officers already busy with their individual duties. It must be well planned and well controlled.

If you wish to have a symposium on the programme of your gathering, or if you are called upon to take a part in the play, remember this: (a) The part allotted to each speaker must be in accordance with his aptitude and experience; he must be a specialist, so to speak. (b) Each speaker must have a fair idea of what his co-players are to say, and be sure to strictly limit himself to his part lest there be overlapping. (c) The papers are submitted to the committee ahead of time, for approval. (d) A few minutes only are allowed for each paper, let us say, eight to twelve minutes, according to the number of speakers. (e) All the papers must be read before any discussion is allowed, otherwise questions might be asked that are to be taken care of by the following speaker.

An example of a symposium which offered great variety and appealed to all is the following, presented by the secular nurses: "Advantages and Disadvantages of: (a) Social Service; (b) Private Duty; (c) Institutional Work; (d) Specialities: 1. path. lab. and X-Rays, 2. massotherapy, 3. pre-natal and baby clinics. —Six speakers.

Another symposium, by superintendents of nurses: (a) The hospital as a teaching centre; (b) The theoretical teaching; (c) The practical teaching.

A deeper and a dryer subject than the previous one.

Abstract subjects should be presented at the beginning of the morning sessions and questions of general interest reserved for the second part of a session.

Demonstrations—

Demonstrations are very helpful on a programme in the first part of an afternoon session. They offer great advantages, namely: variety on the programme; sensorial teaching; a much larger scope for the selection of your speakers. It is by means of demonstrations that our local training schools will gradually come to uniformity in their teaching.

Round Table Discussions—

Here, all success lies in the knowledge and the ability of the chairman. Select your chairman ahead of time. Try to choose members who are popular among their fellow-workers, with years of experience in their field of work. Let them write questions and distribute them before the convention so that the discussion will not be a failure: one or two good questions to start the fire will often prove to make the discussion so animated that the trouble will be how to stop it rather than how to keep it going. On that account it is wise to keep discussions for the last part of a session, followed by a recess. Have the audience ask questions at the very first hour of your congress and allow plenty of time for open discussions. However inspiring the papers may be, a few sparks coming from the crowd may have a far more productive effect on the future of the profession as a whole.

This report of the First Congress of French Graduate Nurses was asked for by our President; not merely to fill in space on the programme of this annual meeting, but with the idea of drawing closer to the incoming Executive of our provincial association many a leader in embryo, whose goodwill and co-operation are still wanting before the full success of our efforts can be realized in the development of the nursing profession in our province.

(Paper read by Sister Duckett, Director-General of the Grey Nuns' Hospitals, at the Annual Meeting of the Association of Registered Nurses of the Province of Quebec.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Dry Milk Infant Feeding

By P. W. O'BRIEN, M.B., Pediatrician, St. Mary's Hospital, Toronto

DRY milk is a powder made from fresh cow's milk by the evaporation of the water. This is accomplished by pouring the liquid milk over hot revolving cylinders.

The resulting powder contains all the original elements except water.

There are several advantages in using dry milk in infant feeding aside from its great point of easy digestibility. It is clean and sterile and not easily contaminated. It can be kept in good condition in tins, even in hot climates, for a period of a year. Even when the tin is opened there is no danger of contamination if ordinary cleanliness is used. In districts where there is poor supervision of the milk supply it has proved of inestimable value.

But chief of all its virtues is the ease with which it is digested, its simple preparation, and the tolerance which almost all infants have for it; even those whose digestion has reached a low ebb from the ordinary raw cow's milk and sugar mixtures.

I have used it successfully at all ages of infancy, from the new-born to a year, and have found it to be easily tolerated and effective in making good gains in weight. Nor does it predispose to rickets or scurvy as might at first be thought. In the many cases I have used it there has never been a sign of either of the above affections, but I may add I have consistently made it a rule to use orange juice in proper dosage after the second month, and cod liver oil as well after the third or fourth month.

I use a form of Dry Milk which is a combination in equal parts of the "Whole Dry Milk" and the "Separated Dry Milk."

The amount of the food to be used varies only slightly in the ordinary cases and may be roughly stated as a dessert-spoonful of each Dry Milk to the required amount of water for the baby's age. As a fair beginning dose, this can be worked up in a very short time to three times this amount, that is, three dessert-spoonfuls of each of the Dry Milks.

Most babies will continue to gain on this amount; the only change to be made being the increase of the water from time to time as the baby grows older.

In new-born babies or babies under one month I usually begin with one level teaspoonful of each Dry Milk powder and gradually work up the toleration until the larger dose may be safely given.

The preparation of the food is simple, but each feeding should be made up separately just before it is to be used. Mix the powder with the

amount of water required for the feeding with an egg beater and the food is ready. No sugar is needed—but may be added in older infants if considered necessary.

The following cases fed with dry milk should prove interesting. The first three are babies who came under my care when they were approximately one month old. Baby H, weight at birth 5 lb. 7 oz., five weeks later when I first saw her she weighed 6 lb. 10 oz. The mother's nurse was about gone, the child was crying continually, and the baby had not gained in two weeks. Baby was placed on 1 dessert-spoonful of each Dry Milk in 3 ozs. of water, Q.3.H., for eight feedings, and in five days had gained 7 ozs., was much more comfortable and stools normal. In the following week she gained 11½ ozs.; the food was increased and two months later the baby weighed 12 lbs. 3 ozs., a gain of 86 ozs. in 74 days. The baby was then placed on an ordinary milk and sugar mixture and continued to make a satisfactory gain.

Baby E, weight at birth 8 lbs. 4 ozs. After three weeks mother was unwilling to nurse her baby and she was placed on a raw milk mixture. Failure to gain and constant crying was the complaint. When I was consulted, and as the mother was to leave for England in a month and there might be some trouble changing milk during the voyage, I started the baby on Dry Milk. The same dosage as the previous case was used and the baby gained 1½ lbs. in 26 days; was quite comfortable, free from colic and by taking a supply of the Dry Milk for use on the trip, and enough for a couple of months' use, the baby did splendidly and the mother had no further feeding worries.

Baby R, weight at birth 6 lbs. 8 ozs. Mother died on the 10th day of septic pneumonia. Baby was on 7-20 mixture; stools were undigested and green and was constantly crying. I used one level teaspoonful of each Dry Milk in 2½ ozs. of water for a few days, then gradually increased the dose, and the baby made a constant gain, and in a few days was normal as to stools, and crying ceased. This baby was kept on Dry Milk until five months old, when she was changed to an ordinary milk mixture.

Two very interesting cases of morasmas are the following:—

Baby M, weight at birth 8 lbs.; at 5 months when she came under my care she weighed only 8 lbs. 12 ozs. She was suffering from diarrhoea and was greatly emaciated. This baby was first placed on protein milk and as soon as the diarrhoea was controlled I began the Dry Milk—one dessert-spoonful to each Dry Milk in 5 ozs. of water, Q.3.H., for seven feedings. This was rapidly increased and was well tolerated; in five weeks the babe had gained 2½ lbs. and in the following five weeks added another 2 lbs. Her subsequent course was normal.

Baby R, weight at birth 6 lbs. 14 ozs. At two months when she came under my care she weighed 6 lbs. 11 ozs. and was having recurring attacks of diarrhoea. The usual dose of Dry Milk was given and gradually increased. This feeding was stopped a few days at a time at three intervals in the next three months and protein milk substituted whenever there was a tendency to loose bowels. The baby made a steady gain, was for the most part comfortable, and at 8 months weighed over 18 lbs.

My experience with Dry Milk has been eminently satisfactory and is in every way a big addition to the list of foods for infant feeding.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

How Might Our Curriculum Be Changed to Meet the Needs Required?

By JEAN I. GUNN, R.N.

In discussing the question, "How might our curriculum be changed to meet the needs required?" it would seem necessary to consider the question from four different standpoints.

First—The school located in a city in which there is a University and in which there is some organized public health work.

Second—The school located in a city in which there is a University and no organised public welfare work.

Third—The school located in a city or town where there is no University, but some organized public health work such as the Victorian Order of Nurses.

Fourth—The school located in a city or town where there is no University and no organized public health work.

The difficulty in even suggesting a change in the curriculum that would be practical in all schools may be easily realized even by such a brief survey as the above.

The differences in the resources of the different communities in which our training schools are operating makes it impractical to consider all schools at the same time.

It would seem possible for any school, large or small, and regardless of location or outside resources, to at least include in the curriculum a very comprehensive course of lectures in public health nursing. This would at least awaken in the minds of the students an interest in this essential branch of nursing and make them realize their responsibilities as nurses beyond that of the usual bedside nursing.

Such a course of lectures could easily be prepared since there is so much literature available on almost all the important public health subjects.

This would be at least a step along the right road, although it leaves much to be desired.

In communities where there is some organized branch of public health work the schools could cooperate and secure for the students some experience in the practical work of public health nursing. This of course presents many difficulties. The public health organization accepting the students should be in every way qualified to undertake the instruction of student nurses and should fully realize that the student is sent for instruction and training and not to be absorbed into doing the routine work of the organization. This requires vigilance on the part of the Superintendent of Nurses of the school, who should be thoroughly familiar with the training the student is receiving while she is assigned to duty with any such organization.

The suggested lecture course and the term of practical experience with some public welfare organization would only be an attempt to broaden

the student's knowledge in a general way and would not in any way qualify her to undertake this special branch of nursing. It would undoubtedly interest many more nurses in public health nursing and would result in more nurses making an effort to qualify themselves by post graduate work after graduation.

These changes in the curriculum do not answer the question. If all schools were to arrange both teaching in theory and experience in practical work the problem of having students on graduation qualified to undertake public health nursing would be still unsolved.

The only schools in a position to accomplish this are schools in the first classification, viz., the school located in a city in which there is a University giving instruction in public health nursing and in which there is some organized public health work. Since the regular course in public health nursing is approximately eight months it would seem impossible to include this full University training in the three years course. If some special part of the course could be taken and the student given credit for the work covered, thus shortening the time and expense of post graduate study, it would seem more practical. This would necessitate the experience in practical work in the field as well as in the teaching in theory being under the direction and supervision of the University Staff. It would seem that at least four months would be necessary to make such a course worth while, which would mean that the University could only take two groups annually.

From the standpoint of the University this might be arranged, but it does not seem practical from the standpoint of the training school. Such a course would of necessity be an elective one. The majority of the students would undoubtedly wish to have this training and all have the same right to receive consideration. Under this basis practically one half of the third year students would be receiving public health training at one time. If some other means of selection is adopted such as class standing, it would result in many students being deprived of the opportunity for the special training who might become good public health nurses.

If it were possible to arrange for one half the third year students to be removed from the working staff of the hospital, it would necessitate duplicating all teaching of the third year now given in the training school or completing all the theory now taught in the three years, in two years. This also applies to a certain extent to the training in the special branches of nursing now arranged in the different hospital departments. The greater part of the special training would have to be completed during the first two years.

It would seem that the changes required in the curriculum would be very far reaching and to most hospitals quite impossible to accomplish with justice to all student nurses and to the patients under the care of the hospital.

Before coming to any definite decision concerning the required changes in the curriculum, it would seem essential to understand just what the function of the school for nurses is to be in the rapid development of public health nursing.

Is it the responsibility of the school for nurses to prepare student nurses for special branches of nursing?

All our future efforts will depend on the answer to that question.

If it is to be the responsibility of the school for nurses, then of necessity the present curriculum must be re-adjusted to meet this need. Provision must also be made from September till June for carrying on of the nursing work of the hospital now

assigned to the third year students, since these students would be taking the University work four months, and completing all the third year theory in the remaining four months, leaving very little time for practical nursing work. In this way the problem becomes not only a problem in nurse education, but also a very important problem in hospital financing.

A compromise might be suggested of which the time now given to general training might be shortened, making it possible for a student nurse to secure her general training and post graduate instruction in approximately the same time that it is now required for hospital training only. If the schools for nurses make it possible for the student to secure a good general foundation for all branches of nursing, an intelligent insight into the many kinds of nursing service demanded by the community, and a definite knowledge as to how she may fit herself to render the type of service she decides to undertake, it would seem that the student will receive a very good equipment for her future work. The schools for nurses should see that this period of general preparation is no longer than is necessary from the standpoint of the student. It should be considered wherever possible to arrange University credits for any instruction given the student nurse under the auspices of the University, thus reducing somewhat the time required for post graduate study.

In considering changes for the curriculum of the schools for nurses, let us always keep in mind the fundamental reason for the existence of our profession, which is, and always will be, the nursing of the sick. Let us be careful in our decision and not risk sacrificing the art of nursing in a feverish endeavor to qualify students for every possible development in modern nursing work. Let us concentrate on educating students for general nursing work in as short a time as proves practical from all standpoints, and leave to the University Schools of Nursing the responsibility of educating nurses for the special field of public health nursing.

(Read at the C.A.N.E. Convention at Hamilton, June, 1924, by Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital.)

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Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

A Recent Revolution in the Prevention of Measles

MEASLES is frequently regarded as one of the less serious communicable diseases of childhood. But many children die directly of measles, and the indirect mortality is appallingly high when one considers the fatal cases of pneumonia and tuberculosis that have their origin in an attack of measles.

There are some curious facts with regard to the influence of social class on the mortality from measles. The poor child is much more likely to die of measles than the child of the well-to-do, largely because poverty entails infection at an early age. Measles is the most contagious of the communicable diseases, and the poor child whose play-ground is the street is bound to contract measles much earlier than the child of Dives who lives a comparatively isolated life in a nursery and private garden.

As all of us cannot, and some of us do not want to spend our childhood in gardens reserved solely for ourselves and our nursery maids, it is most desirable that some means other than the isolation of the rich should be found to enable us to defer infection till we are no longer of tender age. Hitherto, this has been a practical impossibility. In his standard work, published in 1920, Professor W. H. Park, of New York, writes:—

"The control of measles is difficult, if not practically impossible. . . . . (1) because it is the most contagious of all the communicable infections, and (2) because it is most readily communicable in the prodromal or pre-eruptive stage, and before the disease is recognizable. . . . Immunization—None."

This attitude of passive helplessness need, happily, no longer be adopted. Preventive or abortive immunization has probably come to stay, and in the near future we may hope to find the mortality from measles coming down with a run. In 1918, Nicolle and Conseil published an account of how they had injected four cubic centimetres of serum, taken from a child convalescing from measles, under the skin of another child who had been exposed to, but had not yet contracted, the disease. It did not break out. The experiment was soon repeated and the earlier observations were confirmed. In 1920, Degkwitz, of Munich, was able to publish an account of 25 children who had been exposed to infection, but in whom the disease had been aborted by the timely injection of the serum of convalescents from

measles. Degkwitz, with whose name this epoch-making advance in medical science will always be associated in Germany, found that the concentration of antitoxin in the blood of a convalescent from measles is greatest between the seventh and the ninth day after the fever has disappeared. A little blood drawn from a convalescent in this stage is capable of aborting the disease in many children. From 70 to 80 cubic centimetres of blood may, with impunity, be withdrawn from a robust convalescent over the age of five years; and it is, of course, well to make sure by means of the Wasserman test that the donor of the blood is not suffering from syphilis.

The incubation period of measles is from seven to eighteen days, and is usually about fourteen days. Degkwitz has found that, when 2.5 cubic centimetres of the serum of a convalescent are injected before the fourth day of the incubation period, the recipient of the injection is not only protected from an immediate attack, but also for the next four years or so. The dose of this injection of serum must be doubled or trebled when the serum is given on the fifth to the sixth day of the incubation period, and after the eighth day of the incubation period it is practically useless to inject the serum, which appears to have little or no direct curative effect on fully developed measles, or measles just about to erupt. In 1922, Degkwitz showed that of 1,700 children exposed to infection with measles and given prophylactic injections of the serum of convalescents, from 97 to 98 per cent. had not developed measles with a rash. In no case had the injection of the serum had injurious effects.

Probably, measles is infectious from the fourth day before the appearance of the rash, so if a child, A, develops a rash, a child, B, who has been in contact with A may already be in the fourth, but hardly in a later day of the incubation period. In other words, if B is given an injection of 2.5 centimetres of serum at once there is every reason to anticipate that the disease will be aborted. In Munich, Degkwitz has organized a system, already imitated in other towns, of serum centres for prospective measles cases. He has calculated that the serum of 300 convalescents is sufficient for 2,000 to 3,000 children who have been exposed to infection, and that if sufficient serum is forthcoming — and this is a big "if"—it should be possible annually to save the lives of about 26,000 children in Germany alone. In 1922, he calculated that he could obtain in Munich about 1,500 units of serum a year, the unit being 2.5 cubic centimetres of serum, and from this stock he was prepared to supply children's hospitals in Munich when they were threatened by epidemics of measles. His collaboration with general practitioners in the town is an example of common sense reciprocity. The general practitioner who finds Degkwitz a donor is assured that he will be provided with serum in a future emergency. The brothers and sisters of the donor are also promised free serum treatment should they require it.

It would, of course, be well if adults, who had contracted measles in their childhood, could be used as donors. Measles is a debilitating disease, and it is natural to hesitate to withdraw even a few drops of blood from a convalescent child. It seems that the blood of adults with a record of measles in childhood does possess protective properties, though to a less degree than is the case with the convalescent child. At all events we may hope that this recent advance in our knowledge of preventive medicine will rob measles of many of its terrors.—From "The World's Health," September, 1924.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

The Scout

By MABEL E. BOX, Student Nurse, General Hospital, Brandon, Man.

AS far as we know, the Brandon General Hospital is the only training school in which the Scout Movement is put on a working basis. By this statement we do not mean that all training schools and hospitals do not live up to the Scout standards—we know they do—but in our school we have a nurse who is known as the Scout and who is at hand to help whenever help is needed, whose duty it is to make things smoother between all the departments in hospital life.

At our annual meeting in October, our Superintendent first introduced the Scout idea, and since that time a senior nurse has been acting as Scout. The term is three weeks, and in that period the nurse comes to have a better understanding of the work in all departments and to realize as she never did before that her own small sphere is not the whole hospital.

The aim of the Scout nurse is to eliminate waste, whether it be the burning of unnecessary lights, running of taps, careless use of cleansing material, food allowed to deteriorate, or the thoughtless and improper use and care of linen.

The Scout inspects the nurses' dining room each morning and frequently after meals, and in that way she will discover if there is any particular article that is not popular and is, therefore, being wasted; or she may suggest in the diet kitchen that some food is especially well liked and may be served oftener or in larger quantities.

On the wards she is in one of the kitchens at meal time to watch the serving of the trays, noting the length of time which it takes to serve the meal and whether the required number of helpers are present. By having the staff properly detailed to their own special work in connection with serving and carrying out, the meals are taken to the patient while they are hot, and, as far as is possible with the diet the patient is allowed, the fancies of each are catered to. Inspecting the refrigerator, checking over the diet slips and seeing that the floor has adequate supplies on hand are also part of the work.

The linen cupboards on the wards and the linen slips for the day's supply are checked over and compared with the supply on hand in the linen room. The Scout may be able to tell the workers in the linen room of unusual cases which require more linen than ordinarily and she can suggest as to where the old soft pieces of material will be the most serviceable.

To many of us who first visited the laundry in our capacity of Scout the appalling amount of linen handled each day was a real and startling revelation. The intricate mechanism of the plant, combined with the manifold services rendered brought a more thorough understanding of the trials in this department.

Turning again to the floors, the Scout may save much unnecessary expense by turning off lights in corridors and empty rooms, which other people are generally too busy to think about, but any one who has put in a term at turning off lights and running taps is not likely to forget her lesson when she goes back to work on the wards. The number of times we find a tap running which could be shut off by a little extra twist is certainly surprising, and until we have seen these things for ourselves we can scarcely credit them when we are told about them. All the departments in the hospital are open to the Scout. In this way she learns much that is interesting and instructive.

It is a very simple matter for the Scout nurse to live up to the rule of kindness. There are numberless small kindnesses she may do each day which will make life in the institution an easier matter for both patients and nurses: the letter the patient is too weak to write, combing hair when the wards are busy, making up charts, staying with anaesthetic patients, helping in a rush-time in the operating room, serving meals on a floor that can ill afford to have all the nurses occupied with the trays at meal time, or possibly just taking time to listen to the patient who wants so badly to talk to some one and to whom the nurses on the floor have not time to listen. Instead of one kind act a day, the Scout nurse has the opportunities to perform many kind and thoughtful deeds and make her presence on the wards a real help and incentive to those around her.

Civilization Extends Average Life of Man

Figures have been collected to show that the stories of longevity from the heroic ages are legends and that civilization has increased, not shortened, the span of human life.

The average span of life in Rome under the Caesars was 18 years. Average of life in France before the revolution was between 28 and 29 years. In 1800 it was 32 years. As France was fighting more under Napoleon than under the Bourbons, and consequently losing more men on the battlefield, this lengthening of life must be accredited to something other than peace. On the other hand, during the fairly peaceful period that followed the final downfall of Napoleon the span of life increased till in 1850 it had reached 37 years. In 1880 it had risen to 40 years, and before the war of 1914 it had reached the respectable average of 46 years.

The fact that the average span of life has been on the increase century by century is also demonstrated by statistics regarding the lives of celebrated men. During medieval times the average life of outstanding personages was 62 years. This increased in the nineteenth century to 68 1-3 years. At present it has reached the respectable figure of 71 years.

Literature gives us a few pointers on the manner in which the past ages regarded man's years. Today we do not think a man old until he is touching the 60 mark. In the Middle Ages literature depicts the noble fathers of the Spanish theatre as men of about 45 years. Molière calls a man of 40 a "vieux barbon."

Civilization, with its bustle and intensity, may have cut a few years off the strong men, who in olden times lived a peaceful existence on the farm, but it has given life to millions who never would have enjoyed life otherwise, and has increased by more than a score of years the stay of the average person on earth.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

Army Nursing in the Crimean War

It is difficult for those who nursed during the World War of 1914-18 to realize that the organization under which they served, and the discipline which governed the thousands of nurses scattered throughout the area, was not an old-time order but the outcome of less than sixty years. When one recalls the detailed organization of a modern Military Hospital and the various departments involved—with their relationship one to the other—it is amazing to think how many of these details were conceived in the mind of one woman. It has been said of Florence Nightingale that "The army of to-day is the result of her teaching. She changed the Medical Service from a curative service to a preventive service."

To enumerate, in a brief manner, a few of the departments concerned in the administration of a Military Hospital will serve to recall to us some of the activities of the Crimean War with which she identified herself. In the kitchens, where orderlies fought with each other to obtain their rations and an endeavor was being made to feed 2,500 men from a single cookhouse, Florence Nightingale was able to impress those in authority that an improvement in dining halls and in cooking meant improvement in health. In her "Notes Affecting the Health, Efficiency and Hospital Administration of the British Army," which was circulated amongst the most influential people, she dealt with the art of diet and cooking for the army, the washing, and the organization of canteens and all departments of Army Medical Administration. How real it all seems as we read of her endeavor to get the necessary stores for distribution to the soldiers, and her chagrin when informed that her requisitions must go before a Board of Survey! From private funds she purchased shirts and socks, writing paper and hospital comforts. She established reading rooms and cafes. She endeavored to persuade the men to save their money, and restrain from the vice and drunkenness that played so vital a part in the life of a soldier. By persistent effort she awakened the interest of those in authority to the very unsanitary conditions of hospital and barrack. Cholera and typhus were everywhere; camps were overcrowded, infected with vermin and disease. A system of sanitation was devised and three sanitary commissions appointed, and the death rate fell rapidly. When the hospitals were taken over by Miss Nightingale there were neither basins, towels, soap nor brooms. Clean linen was unknown. She bought from her own funds boilers and tubs and engaged soldiers' wives to do the work, and at last procured clean linen free of vermin.

A revision of the orderlies' work and the entire personnel was made, and of injustices in pay and labor. In this connection a scheme by which

the nurses should have the necessary independence of existence was adopted and a place allotted to them in the military organization. It is true that foremost among her problems was the anxiety of managing the women who accompanied her on this first experiment of taking women into the actual theatre of war. Only half of those who left England with her were retained as suitable. The Rules and Regulations drawn up by Miss Nightingale at that time give us a small idea of the problems that confronted her. They defined the amount of spirituous liquor allowed; forbade flowers and ribbons to be worn and walking out except in parties of three.

There were women nurses before Florence Nightingale's time, but she broke down the barriers which kept women of education outside the useful work of the community, and paved the way for the multitudes of nurses who since have given service to their King and Country: justifying principle of army nursing and raising the standard of this branch of service to the highest plane.

News Notes

BRITISH COLUMBIA

The quarterly meeting of the Overseas Nursing Sisters' Club was held at the Cosy Corner Tea Room, Vancouver, on January 20th at 8 p.m., the attendance being very good. The principal part of the programme was taken up with the election of officers and votes of thanks to the retiring President, Miss Matheson, and her able assistants. The present officers are as follows:—President, Mrs. F. Shepherd: Vice-President, Mrs. Bradford Hayes; Secretary-Treasurer, Mrs. W. R. Macdonald; Executive—Mrs. George Macintosh, Miss M. Shand and Miss E. Collis; Convener Social Committee, Mrs. C. A. Bell; Press Convener, Mrs. H. L. Stark; Sick Visiting, Miss Bennett. The next meeting will be held at Shaughnessy Military Hospital on the third Wednesday in April.

The many friends of ex-Nursing Sister Meta Dickinson ("The Duchess") will regret to learn of her death, which occurred about September 28th, 1924, at Bournemouth, England. Miss Dickinson met with an accident while cycling, which resulted in her death.

MANITOBA

Miss E. F. Hudson, M.R.R.C., has been appointed District Superintendent of the Nursing Divisions of the St. John's Ambulance Brigade, and Miss A. J. Attrill, R.R.C., Divisional Superintendent of the Fort Garry Division in the same Association, which arranges classes in First Aid and Home Nursing. These two Sisters have been members since pre-war days.

Mrs. A. McKean (F. W. Whittick, R.R.C.) has recently undergone an operation in the Winnipeg General Hospital and is making favorable progress. She had been in indifferent health for some time and we now extend to her our good wishes for a speedy recovery.

A successful "bridge" and "500" was held on January 16th by the Manitoba Association of Graduate Nurses in the reception rooms of the Winnipeg General Hospital to augment their Overseas Memorial Fund, with which they hope to endow a hospital bed for sick nurses. Musical selections were given at intervals and refreshments were served at the close of the evening. The guests numbered about two hundred.

The Executive and Committee of the Manitoba Nursing Sisters' Club were entertained at Deer Lodge Convalescent Hospital on Tuesday, February 3rd, by Mrs. A. D. McLeod and Miss O. Garland, when they met to discuss business relative to the annual meeting to be held on February 17th.

Miss Meta Hodge, Reg.N., M.M., has been doing private duty work in New York since the summer. Recently she has been nursing an English baronet, whom she accompanied to England with his family, occupying the suite on the "Berengaria" lately used by the Prince of Wales. She is now with them at Cannes (France).

ONTARIO

N/S Edith McAlpine has returned to Toronto from China, where she has been attached for the past two years to the nursing staff of the hospital connected with the China Medical Board.

N/S Winnifred Godard and N/S Mackenzie (Isabel Lord) are also on duty at the above hospital, and will likely remain there for another year.

News Notes

BRITISH COLUMBIA

A general meeting of the Graduate Nurses' Association of British Columbia was held at the Royal Jubilee Hospital, Victoria, January 24th, 1925. Meetings of the Nursing Education and Public Health Committees were held in the afternoon, followed by a meeting of the Council.

The meeting of the full Association was held at 9 p.m. at the Nurses' Residence, Royal Jubilee Hospital, with the President (Miss Breeze, R.N.) in the chair. Reports were received from the Public Health Nursing Committee and from the Nursing Education Committee, which reported that the desired arrangements for a four days' institute for all branches of nursing had been made and would be held immediately after the annual meeting of the Association, on April 15th, and following days, under the auspices of the University of British Columbia, the programme to be arranged under the convenership of Miss E. I. Johns, R.N.

The report of the registrar was given, with the number of students writing on the November examinations, and the results. Miss E. I. Johns, as secretary pro tem. of the Examining Board, reported on their findings.

The announcement was made by the President that the annual meeting will be held in New Westminster on Easter Monday and Tuesday, April 13th and 14th.

An address was then given by Dr. Lamb on The Anti-Tubercular Propaganda work in British Columbia, which was much enjoyed. Songs by Mrs. Jamieson were appreciated by the large number of nurses present. Refreshments were served in the afternoon to members of the several committees and again at night at the close of the evening's programme by the Victoria Graduate Nurses' Association, assisted by the staff of the Royal Jubilee Hospital.

At the Provincial Examinations held in November, 1924, for those desirous of obtaining the title of Registered Nurse, the following passed, in order of merit:—Misses H. Bennett, D. Rogers, Anne Hedley, Helen Monro, Margaret Buck, Ursula Whitehead, Grace Kellock, Anne Cawthorne, Tassie Monro, Edith Paige, Lillian Hartley, Rosa Macdonald, K. Trainer, E. Packham, A. Wright, M. McCreery, B. Kellar, Mary Walker, Ruth Wade, M. Page, G. Ridley, L. Stewart, G. Curran, A. Dalton, L. Boult, G. Lee, Sybil Watson, M. Davie, F. McCauley, R. Smith, A. Helms, D. Ransom, M. Murphy, R. Moulton, A. O. Jones, R. Owen, G. Cowan, F. Waltham, S. Hill, W. Black, R. Bolivar, M. Purdey, H. Murray, F. Netherton, D. Mowat, A. Wood, A. Eustis, E. Doig, L. Eastman, S. Hirst, G. Brooke, D. Coulter, D. Lambert, B. Bailey, K. Townson, E. Clemens, F. Spaddier, F. Rumming, M. Head, M. Black, P. Wightman, V. Miller, E. Thornton, J. Gibson, M. Service, E. Litt, R. Arcand, M. McGibbon, Jean Torrance.

The following passed supplementary examinations and are now eligible for the R.N. certificate also: Misses D. Hume, R. Waterman, M. Mack, F. Newman, R. Wellwood, A. Parnaby, M. Austin, E. E. Cook, D. Atkin, H. Bradshaw, M. Dolan, L. Frank, B. McCall, E. Nock, L. Sproule, E. Swanson, A. Wilson, E. Wilson.

Ninety-seven candidates wrote on these examinations. Miss Helen Bennett and Miss Dorothy Rogers, who took first and second place respectively, were students at the Vancouver General Hospital.

G.N.A., Victoria

The Association made the occasion of their twentieth anniversary meeting something out of the ordinary—a theatre party and supper preceding the business session. The President gave an interesting address, which was followed by the report of the Secretary. In reviewing the chief activities of the year, the Secretary mentioned the furnishing of the memorial room in the new wing of the Jubilee Hospital. Members elected to office for the ensuing year were:—Hon. Presidents, Miss Jessie F. MacKenzie and Sister Mary Elfrida; President, Miss Ethel Morrison; Vice-Presidents, Miss E. O'Brien and Mrs. J. M. Fowler; Secretary, Miss Gregory Allen; Assistant Secretary, Miss V. Collins; Treasurer, Mrs. E. A. Dixon; Treasurer of the Sick Benefit, Mrs. L. S. V. York; Executive—Mrs. Osborne, Miss Currie, Miss Craighead, Mrs. Connell and Miss Whillans.

ALBERTA

Alberta Association of Registered Nurses

Nursing Sister Elizabeth McDougall, A.R.R.C., who has been on the staff of the Central Alberta Sanitarium for the past few months, has given up her position to return to her home at Winifred, Alta.

Miss Edith Hunter, who has been on the staff of the Belcher Hospital, has taken three months' leave of absence, and intends spending this time in California. Miss Jessie Peat-Gordon is relieving for her during her term of absence.

Miss Mary A. Kilgannan, a recent graduate of the Holy Cross Hospital, has been notified by Cecil E. Race, registrar of the University of Alberta, that she obtained the highest standard in the province in the professional examinations for the registration of nurses. This entitles her to the scholarship which is awarded by the Association of Graduate Nurses, and con-

sists of a purse of $200. This is given to aid in a post-graduate course.

Calgary G.N.A.

The Association gave a very successful bridge party on December 8th, 1924. Many of the nurses and their friends enjoyed a pleasant evening.

Several interesting and instructive lectures have been given at the regular meetings of the Association. Among these were lectures by Dr. Merritt on Epidemic Encephalitis, and by Dr. Baker on Tuberculosis, illustrated, and showing X-Ray plates.

Lamont Public Hospital

Miss Elleanor Palmer and Miss Mary MacTaggart (1924) are at present doing floor duty at the University Hospital, Edmonton.

Miss Ruth Hulett (1924) has accepted a position at Hafford Hospital, Hafford, Sask.

Miss Ada Sandell (1923), who has been accepted for missionary work in China, is at present working among the Italians at Copper Cliff, Ont. On account of the unrest in China, she will probably remain in Canada for some time.

L.P.H. graduates, who are at present on the nursing staff of the Lamont Public Hospital, are Miss Mary MacCallum, who is Assistant Superintendent of the Training School, and Miss Augusta Riske, who is in charge of the O.R.

Miss Caroline French (1922), who has spent two years in Alaska, in the service of the U.S. Government, as missionary-nurse to the Eskimos, expects to return home in June.

Miss B. Smithson (1924) is in charge of the hospital at Elk Point, Alta.

Miss R. Boutillier (1924) is at present visiting relatives at Halifax, N.S. Miss Boutillier expects to remain in Eastern Canada for some time.

G.N.A. Medicine Hat

One of the most successful events in connection with the Graduate Nurses' Association took place on Monday evening, January 19th, 1925, in the Park Hall, when forty tables were provided for an evening of bridge and five hundred. Throughout the evening, bright musical numbers were voluntarily contributed by an impromptu orchestra. After supper dancing was enjoyed for several hours. The funds realized enabled the Graduate Nurses' Association to make donations to "The Canadian Nurse" and the Hospital Aid Association of Medicine Hat.

SASKATCHEWAN

The regular monthly meeting of the Saskatoon Graduate Nurses' Association was held in the City Hospital Nurses' Home, on Monday evening, February 2nd, 1924. Following the business meeting, Dr. Andrew Croll gave a very interesting and instructive address on the subject of cancer.

Miss Emily J. Sproule (Saskatoon City Hospital, 1922), who has been on the staff of the Saskatoon City Hospital, has resigned her position to take a post-graduate course in the New York Nursery and Child's Hospital.

Miss Freda K. Winterbotham and Miss Myrtle G. Wilkins, graduates of the Regina General Hospital of 1924, have recently completed a post-graduate course in the Toronto Sick Children's Hospital and are now takjng the course in the Chicago Lying-in Hospital and Dispensary.

Miss Doris M. Barret (Regina General Hospital, 1924) is taking a post-graduate course in the Chicago Lying-in Hospital and Dispensary.

MANITOBA

The annual meeting of the Manitoba Association of Graduate Nurses was held January 27th and 28th, 1925. The meetings were very well attended and the plan of holding a two-day session was felt to be a success.

An excellent programme was provided by the committee, of which Miss A. E. Wells was the convener. The Invocation was, as usual, by Ven. Archdeacon McElheran, and Lady Aikens opened the meeting with a very delightful address. The other speakers were: Mrs. R. F. McWilliams, who gave a most interesting talk on world affairs during 1924; Mrs. R. A. Rogers, who spoke on the Child Welfare Act, giving details of how it was drawn up and what it is expected to accomplish; and Prof. R. C. Wallace, who spoke on medical and other problems of the North.

Concurrent sessions of the Nursing Education, Public Health and Private Duty Sections were carried on from 2-3 p.m. Wednesday. This was felt by the members of all three sections to be a very profitable hour. Later, three excellent five-minute-talks were given: "How to Encourage Membership," by Mrs. J. F. Morrison, discussion led by Miss E. Carruthers; "How to Enthuse an Organization, by Miss Christine McLeod, discussion led by Miss Jean Wilson; and "Is Our Organization Realizing Its Responsibilities," by Miss M. Martin, discussion led by Miss E. Russell. Many excellent suggestions were brought forward and it is hoped that the Association will benefit by them. The meeting closed with the election of officers.

On Wednesday evening a delightful reception and musicale was held in the Nurses' Home of the Winnipeg General

Hospital. The nurses and their friends were received by Miss M. Martin and Miss E. Russell, and everyone had a very enjoyable evening.

The officers for 1925 were as follows: Misses E. Russell, C. McLeod, M. Martin, Bannatyne, E. Carruthers, S. Gordon, M. Wilkins, G. Hall, and Mary Bannister.

ONTARIO

Belleville General Hospital A.A.

Miss M. Tait and staff of the B.G.H. entertained their friends on Friday, January 9th, 1925, from four to six p.m. Miss Tait, Miss Wallace and Miss Collier received. The reception room was very prettily decorated for the occasion in red and green: red carnations, poinsettias and maiden-hair fern followed the color scheme. Red tulle surrounding a centrepiece of fern and poinsettias, with gay red candles, gave a note of charm to the table, which was presided over by Mrs. Tait and Mrs. Bumpstead, who were ably assisted by Miss Wallbridge. Dainty refreshments were served by the nurses, in uniform, and Mr. Roblin's musical selections on the piano were much appreciated by all present.

A very successful sacred concert was given at one of the theatres after church on Sunday evening, January 18th, 1925, under the auspices of the Belleville Hospital Alumnae. The programme consisted of musical selections and short addresses on the work of the Alumnae given by Mayor Mickel and Dr. J. Tower.

The nurses entertained recently at an informal social evening in honor of Miss Soutar, who is leaving the hospital soon, having completed her three-year course. The nurses' home was decorated for the occasion with bouquets of roses and carnations. "Our Boys" orchestra supplied good music. Refreshments were served, and in the course of the lunch Mr. R. Wotten, on behalf of Dr. Connor, presented Miss Soutar with a useful gift.

HAMILTON

Hamilton General Hospital A.A.

Miss N. E. McPherson has resigned from the staff of the H.G.H. and has accepted a position as Assistant Superintendent to Miss Grace Fairley, at Victoria Hospital, London, Ont.

Miss Zeta Teeter has accepted a position in the O.R. of the hospital at Grasslands, N.Y.

Miss Gregory has been appointed assistant in the O.R. of the H.G.H.

Mrs. McBride (formerly Miss Dela Clough) has been appointed House Mother at the Nurses' Residence.

Miss Godden has resigned because of ill-health and Miss Swayze has taken her position in charge of the O.P.D.

Mrs. Reynolds and Miss M. Hickey have opened a tea room, "The Sesrun," in Los Angeles, Calif.

Miss Elinore Davies has returned to private duty nursing in Hamilton after several years O.R. duty in the United States.

Mrs. Rose Hess is at present doing private duty nursing in Elmhurst, L.I., N.Y.

Miss Ida Murphy, who has been in New York City for a number of years, has returned to private duty nursing in Hamilton.

LONDON

St. Joseph's Hospital A.A.

A pretty wedding was solemnized at St. Michael's Church, London, on February 4th, 1925, when Miss Kathleen McCarthy, a graduate of St. Joseph's Hospital (1919) was united in marriage with Mr. Alexander Lobban. Miss Margaret Lobban, of Wyandotte, Mich., U.S.A., was bridesmaid. Following the ceremony a reception was held at the home of the bride's parents, after which the young couple left to spend their honeymoon in New York and Florida. On February 2nd Miss McCarthy was presented with a set of beautiful sherbet glasses by a group of her associate nurses.

The Alexandra Academy, prettily decorated and lighted, was the scene of one of the season's most charming affairs, when more than two hundred members and friends of the nurses of St. Joseph's Alumnae attended the seventh annual "At Home," sponsored by that organization, on Friday, January 23. The efficient committee had spared no effort in making every arrangement for the comfort of the guests, the result being one of the most successful affairs which the Alumnae has yet held.

Victoria Hospital A.A.

Dr. Harold Little gave an interesting and instructive address to the members of the Alumnae Association at the February meeting on "Infant Feeding."

Arrangements for a Valentine dance to be held in the Medical School Auditorium have been completed. Miss Ashplant was appointed convener of arrangements.

Miss Gladys Thompson (1920) was recently married to Mr. Guimby, of New York City.

Miss N. B. Armstrong, R.N., recently returned to town after spending the past three months in New York, where she took a post-graduate course, receiving a diploma with first-class honors. Miss Armstrong will resume her duties on the staff of the Victoria Hospital as a department superintendent.

At the February meeting of the "Edith Cavell" Association of Nurses held in the Institute of Public Health, Mrs. Jessel gave an enlightening and inspiring address on Social Service Work in New York City. Miss Blanche Rowe presided. Members

of V.H.A.A. were special guests. At the conclusion of the meeting refreshments were served.

A very satisfactory and comprehensive report was given at the annual meeting of the Victorian Order of Nurses by Miss Margaret Duffield, supervising nurse.

TORONTO

Toronto General Hospital A.A.

A reception was held at the Nurses' Residence of the Toronto General Hospital on Wednesday night, January 21st, in honor of the unveiling of Miss M. A. Snively portrait. The portrait, which the Alumnae had had painted by Mr. J. W. L. Forrester, of Toronto, is a very life-like and beautiful one.

Miss Gunn and Miss Clara Brown, President of the Alumnae, received the guests. Miss Brown then unveiled the portrait, and in a few well-chosen words spoke of the labor of love it had been to the graduates of the school to have this portrait painted. Mr. Blackwell, chairman of the Board of Trustees, accepted the picture on behalf of the hospital. Sir Joseph Flavelle, Mr. I. H. Cameron and Dr. Alexander McPhedran spoke of Miss Snively's work as Superintendent of Nurses for twenty-five years, and expressed their appreciation of her valuable services, given to the hospital and to the nursing world. Refreshments followed the unveiling of the portrait, during which time Jardine's Orchestra furnished music. Many of the graduates of the school were present and enjoyed renewing acquaintances and meeting Miss Snively again. Miss Caroline Ross presented Miss Snively with a beautiful bouquet of spring flowers on behalf of the Alumnae.

The following changes have been made in the nursing staff of the Toronto General Hospital:—Miss Edith Ross (1923) resigned from the Private Operating Room and has been succeeded by Miss Stella Sewell (1924); Miss Marjorie Gall (1923) resigned as Assistant Night Supervisor of the Private Patients' Pavilion and has been succeeded by Miss Marion Patton (1924).

The regular meeting of the Alumnae Association of the Toronto General Hospital was held in the Nurses' Residence on February 4th, at 8 p.m., the President, Miss Clara Brown, in the chair. The reports of the various committees were submitted, and two letters of appreciation from Miss Snively were read. One acknowledged the bed-couch which the Alumnae gave her as a birthday gift; the other referred to the reception given her on the occasion of the hanging of her portrait. The report of the special committee appointed to look into the cost of a year book was given by the convener, Miss Dulmage. It was felt by the Association that at present the funds were too low to undertake the printing of such a book, and a resolution was passed postponing the matter until the next regular meeting in April. It was further arranged that the Alumnae hold a "theatre night" some time before the April meeting to raise funds for the year's work. It is hoped that all members will arrange to be present at the April meeting as a large amount of important business is to be discussed. Refreshments were served at the close of the meeting.

Miss W. E. Nixon (1922) has been appointed industrial nurse for the Standard Oil Company, N.S.A., in Los Angeles, Cal. Miss Nixon, who assumed office the first of the year, is one of two such nurses on the whole of the Pacific Coast.

Miss Myrtle Rigg (1923) has left for Costa Rica, where she intends to carry on her nursing work as an industrial nurse with the United Fruit Growers' Association.

Hospital for Sick Children A.A.

Miss Helen Needler (1919) is in charge of the Children's Department at the new Civic Hospital, Ottawa.

Miss Mary Ingham (1916) is one of the Operating Room Assistants at the new Civic Hospital, Ottawa.

Miss Grace Palen (1922) is at the Rainbow Hospital, Cleveland, O., U.S.A.

Miss Beatrice Longstreet (1919) has taken the position of school nurse at Appleby Boys' School, Oakville, Ont.

Miss Darragh (1923) has returned from the Montreal General where she has completed a course in Operating Room Technique and will assume the duties of Instructor of Nurses at the Hospital for Sick Children.

Miss Cameron (1923), holder of the H.S.C. scholarship at McGill, has completed her course and returned to the Hospital for Sick Children as Instructor of the probationers.

Miss Norma Bolton (1923) has taken a position at the I.O.D.E. Preventorium, Toronto.

Miss Greta Gall (1922), having taken a course in Anaesthetics at the Hospital for Sick Children, has left for Formosa, with her mother and sister, where she will engage in missionary work.

Miss Marjorie Foy and Miss Grace Conway (1923) have been appointed to the Red Cross Outpost hospital at Dryden, Ont.

Miss Jean Griffin (1924) has been appointed Social Worker at the Children's Memorial Hospital, Chicago, Ill.

Miss Leslie and Miss Spence (1924) are in charge of wards at the Herman Kiefer Hospital, Detroit, Mich.

OTTAWA

Lady Stanley Institute A.A.

The following Lady Stanley graduates have received appointments in the new Civic Hospital, Ottawa:—Miss Janet Pritchard (1922), 2nd Assistant Superintendent; Miss Beatrice Lang (1923), 1st Assistant in the O.R.; Miss Jean Blythe (1917), Nurse Technician, X-Ray Department; Miss B. V. Hughes (1912), Supervisor of the Soldiers' Ward; Miss Manchester (1913) and Miss Pridmore (1914), Supervisors of floors.

Miss Mabel Stewart (1920), formerly superintendent of the Protestant General Hospital, Ottawa, has been appointed Lady Superintendent of the Royal Ottawa Sanatarium, Ottawa, Ont.

Miss Loretta Belford (1914) is the new Superintendent of the Perley House for Incurables, Ottawa.

Miss Nora Gillespie (1920) is doing private nursing in Detroit, Mich.

Miss Jean McEwen (1917) is doing Public Health nursing with the V.O.N., Ottawa.

Miss Susan Rorke (1909), of the Shenango Valley Hospital, Newcastle, Penn., is spending the winter at her home in Ottawa.

Miss Kate Hartley (1920), Miss Kathleen Barrett (1922), and Miss Olive McLean (1924) have positions in the United Hospital, Port Chester, N.Y.

Miss Helen Roberts (1923), Miss Bessie Taylor (1923), and Miss Laura Hunt (1923) have accepted positions at the Women's Hospital, Flint, Mich.

Miss Gladys Read (1924) is in charge of a ward at Mt. Hamilton Hospital, Hamilton.

Miss Florence Potts (1901), Director of Nurses, Shriners' Hospitals for Crippled Children in North America, spent the Christmas vacation at her home in Ottawa.

Miss Jean Wilson (1909), Executive Secretary, C.N.A., spent Christmas with her parents in Ottawa.

ST. CATHARINES

Mack Training School, General and Marine Hospital, A.A.

A pleasant evening was spent on January 6th at the Nurses' Home, when the Alumnae Association of the Mack Training School, General and Marine Hospital, held a reception and gave a dance to the doctors and their wives, student nurses, and friends, in honor of Miss Harriet Meiklejohn, newly-appointed Superintendent. Dancing, with Cotton's Orchestra in attendance, was enjoyed in the drawing room, while several tables of cards were in the prettily decorated dining room. Dainty refreshments were served, closing a delightful evening.

QUEBEC

MONTREAL

Royal Victoria Hospital A.A.

A recent guest of the Alumnae Association was Miss Alice Shepherd Gilman, Chairman of the New York State Board of Examiners, who spoke to the members on "Registration." An invitation to attend was extended to all graduate nurses in Montreal, and many were present at the meeting.

Miss Mildred Hammond and Miss Helen Richardson (1922) have gone to Honolulu to take positions in the hospital there.

Miss Muriel Payne (1924) has been appointed charge nurse at the Holt Memorial Hospital, New York.

Miss Stella Orr (1917) is Superintendent of Emerson Hospital, Concord, Mass.

Miss Gladys French (1914) has been appointed Supervisor at Madison Church House, New York.

Miss Muriel Bate (1921) has been appointed charge nurse at St. Bartholomew's Hospital, New York.

Miss Kathleen Sanderson (1921) has returned to Montreal after taking a course in Public Health Nursing at the University of Toronto.

Miss Jean McKibbon (1915) is spending the winter in Florida.

Miss Kathleen Bliss (1915) is opening a convalescent home at Smith's Falls, Ont.

The following has been contributed by A. M. H. and M. A. S. (R.V.H., Montreal, 1898), classmates of the late Emily H. Freeland:—In loving memory of our dear friend and classmate, Emily H. Freeland, who passed away at her home 285 Mountain Street, Montreal, on January 12th, after a very brief illness. Miss Freeland was a graduate of the R.V.H., class 1898. On graduating she filled the position of Head Nurse of different wards, and after leaving the hospital did private nursing for a time, finally taking on the duties of office nurse for Dr. W. W. Chipman, which position she held for fifteen years—up to the time of her death. For some years she was in failing health, but always brave and cheerful, with a smile and encouraging word for the patients and sufferers with whom she came in contact, and who have voiced many expressions of affection and of gratitude for her sympathy and care. To us, her friends and classmates, the loss of a bright and capable colleague is irreparable, but she has left the inspiration of a brave spirit to "carry on." The hospital and Alumnae Association have lost a loyal friend and supporter. To Dr. Chipman, with whom she was so closely associated, we would like to pay a grateful tribute for his kindness and consideration to one who was so dear to us. To her sister and to her devoted friend we

extend loving sympathy, with the comforting thought, "the loved one has gone where partings are no more," there to await their coming.

Children's Memorial Hospital A.A.

Miss Ross (H.S.C.) has accepted a position as charge nurse of the infant ward.

We regret very much to announce the resignation of Miss Scott, who is returning to Toronto, where she has accepted a position on the nursing staff of the Toronto General Hospital.

Miss Davidson (C.M.H., 1924) is in charge of wards "G" and "B".

Homeopathic Hospital A.A.

On Wednesday, January 21st, 1925, Miss Janet B. Rodger (Homeopathic Hospital, 1906) was entertained by the nurses' Alumnae Association at a miscellaneous shower in honor of her approaching marriage. The board room of the hospital where the event took place was prettily decorated for the occasion, and a large number of the nurses were there to meet Miss Rodger, who was the recipient of many beautiful and useful gifts, and the hearty good wishes of her fellow-nurses. Mrs. Allan and Miss Jean Lindsay poured coffee, and the ices were cut by Miss E. Routhier.

SHERBROOKE

Sherbrooke General Hospital A.A.

The Sherbrooke Hospital Alumnae Association held their annual meeting on January 31st. The chief item on the programme was the election of officers for the current year. The new officers are as follows:—President, Mrs. Roy Wiggett; 1st Vice-President, Miss E. Buchanan; 2nd Vice-President, Mrs. Gordon Mackay; Corresponding Secretary, Mrs. Wm. Giovetti; Recording Secretary, Mrs. Guy Bryant; Treasurer, Miss E. Morrisette; Executive Committee—Mrs. Colin Campbell, Mrs. Charles Bartlett, Mrs. A. H. Baker, Miss I. Brash, Miss Nora Arguin; Correspondent to "The Canadian Nurse," Miss Gladys White. The Social and Programme Committees were also elected.

G.N.A., Eastern Townships

The Graduate Nurses' Association of the Eastern Townships is doing relief work this winter in co-operation with the Victorian Order, Sherbrooke, Que.

At Christmas time six baskets were packed with food, clothing, etc., and left at the homes of needy families.

A donation of money was given to the I.O.D.E. War Memorial Tubercular Sanitarium, which is a splendid work that is being maintained and carried on by the I.O.D.E. of Sherbrooke, Que. Miss Dodds (Montreal General Hospital) is in charge of the Sanitarium.

Miss Grant, Vice-President of the Association, has gone to New York to do private nursing.

NOVA SCOTIA

Miss Lauchlin K. MacInnes, Reg.N., Acting Chief Nurse of the Massachusetts-Halifax Health Commission, Halifax, is spending a well-earned vacation visiting friends in Boston, New York and Pennsylvania. Before returning Miss MacInnes plans to visit the Public Health demonstrations in New York City, Boston and Montreal.

Miss Esther M. Beith, Reg.N., recently appointed Superintendent of the Dalhousie University Public Health Clinic, has returned to her native city to deliver a series of ten lectures to the Class in Public Health Nursing, University of Toronto, Toronto.

Mrs. Clara Belle Bligh, Reg.N., of the staff of the Massachusetts-Halifax Health Commission No. 2, Dartmouth, N.S., has recently returned from a month's vacation. While away Mrs. Bligh visited the Public Health demonstrations in Boston, Mass., Toronto, and Montreal.

On December 9th, 1924, the Graduating Exercises of the Victoria General Hospital were held at the School for the Blind, when twenty-one graduates received their diplomas. The Gold Medal was won by Miss Elmina Snow for the highest average in class work. The Alumnae prize was won by Miss Arabella MacInnis. This prize is given yearly by the Alumnae Association to the nurse ranking highest in general efficiency. Diplomas were received by: Misses Myrtle MacLean, Florence Hayman, Helen Beliveau, Elizabeth Corbin, Katharine Matheson, Laura Grayley, Katharine Campbell, Nellie McPhail, Myrtle Sanford, Jennie McInnis, Violet Creaser, Helen Mitchell, Anna MacKenzie, Beatrice Amirault, Myra Turlong, Nellie MacDonald, Arabella Innis, Amelia Lacey, Ada Keddy, Sadie Crook and Miss Elmina Snow.

The December meeting of the Nova Scotia Graduate Nurses' Association was held at the M.H.H.C. No. 1. The following officers were elected:—President, Miss Laura M. Hubley, Reg.N.; 1st Vice-President, Miss Margaret E. MacKenzie, Reg. N.; 2nd Vice-President, Miss Agnes Carson, Reg.N.; Recording Secretary, Miss Laura A. Dunlap, Reg.N.; Corresponding Secretary, Miss Veronica C. White, Reg.N.; Treasurer, Miss Marjorie E. Trefry, Reg.N. The business meeting was followed by a bridge and dance, at which about two hundred guests were present.

At the December meeting of the Victoria General Hospital Alumnae Association the following officers were elected:—President, Miss Florence A. Fraser, Reg.N.; 1st Vice-President, Miss Margaret E. McKenzie, Reg.N.; Secretary, Miss Josephine Cameron, Reg.N.; Treasurer, Mrs. Glen Donovan, Reg.N.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

SIMPSON—On January 23rd, 1925, at the Cottage Hospital, Toronto, to Dr. and Mrs. R. Simpson (nee Elizabeth Wheaton, T.G.H., Toronto, 1923), a daughter.

BREITHAUPT—On December 31st, 1924, at Kitchener, Ont., to Mr. and Mrs. W. W. Breithaupt (nee Gertrude Hughes, T.G.H., Toronto, 1920), a son.

TESKIE—On February 7th, 1925, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. L. Teskie (Margaret McGillivray, T.G.H., Toronto, 1918), a son.

GOLDEN—On February 1st, at 26 Colin Avenue, Toronto, Ont., to Mr. and Mrs. Daunt Golden (N/S Margaret Johnston), a daughter.

POLLOCK—At Toronto, to Mr. and Mrs. J. J. Pollock (nee Evelyn Davison, W.G.H., 1918), a son.

DARLING—On January 3rd, 1925, to Mr. and Mrs. J. A. Darling (Margaret A. Turner, St. Paul's Hosp., Saskatoon, 1919), of Colonsay, Sask., a daughter.

LOWE—On January 3rd, 1925, to Mr. and Mrs. A. H. Lowe (Clara Goddard, Jubilee Hosp., Victoria, 1919), of Tuxford, Sask., a daughter.

MACRAE—On December 24th, 1924, at Badeck, Cape Breton, to Dr. and Mrs. William MacRae (Nan Hart, R.V.H., Montreal, 1922), a son.

MARRIAGES

MORRISON—POLLARD—On January 1st, 1925, at New Westminster, B.C., Nursing Sister May Pollard to W. L. Morrison. Mr. and Mrs. Morrison will reside at 2645 Colbourne Avenue, Burnaby, New Westminster, B.C.

JACQUES—DELL—On January 31st, at St. John's Church, Thorold, Ont., Ethel Agnes Dell (M.T.S., G and M., St. Catharines, 1922), to R. A. Jacques, of Thorold.

MARCHESAULT—BROWN—On January 17th, 1925, at Montreal, Jessie Brown (Children's Mem. Hosp., Montreal, 1924), to Augustave Marchesault, of West Shefford, P.Q.

BRAITHWAITE—HANNA—On Saturday, November 8th, 1924, at Wesley Methodist Church, Toronto, by the father of the bride, Evelyn Mae, youngest daughter of the Rev. W. A. and Mrs. Hanna, of Delta, Ont., to Joseph H. Braithwaite, of Toronto. Mr. and Mrs. Braithwaite are residing at 45 Deloraine Avenue, Toronto.

SAGAR—DOUGLAS—On August 27th, 1924, at Vancouver, B.C., Etta S. Douglas (V.G.H., Winnipeg), to William Sagar, of Anyox, B.C.

WARNER—WATTS—On December 23rd, 1924, at Kingston, Ont., at the home of the bride's parents, 296 Frontenac Street, by the Rev. J. A. Waddell, assisted by the Rev. Dr. R. H. Bell, Myrtle Roberta, only daughter of Mr. and Mrs. H. W. Watts, to George W. Warner, B.S., of St. Joseph d'Alma, Que.

LOGAN—ALTHOUSE—On February 2nd, 1925, at Vancouver, B.C., Edna Earl Althouse (Regina General Hospital, 1918) to Frank R. Logan, of Regina.

DWYER—O'BRIEN — On January 23rd, 1925, at St. Leo's Church, Westmount, P.Q., Rose Mary O'Brien (R.V.H., Montreal, 1914) to William Dwyer. At home in Chaffey's Locks, Ont.

ROSS—RODGER—On January 28th, 1925, at the home of Mrs. Wm. Rodger (mother of the bride), Ormstown, Que., Janet Brunet Rodger (Homeopathic Hospital, 1906) to John Stewart Ross, of Atholstan, P.Q.

PARKHURST—BRAKE — On Saturday, January 31st, 1925, Athlee M. Brake, daughter of Mr. and Mrs. H. F. Brake, Kent Street, Hamilton, Ont., to A. J. Parkhurst, Supt. of Ontario Gypsum Co., Caledonia, Ont.

LOBBAN—McCARTHY — On February 4th, 1925, at St. Michael's Church, London, Ont., Kathleen McCarthy (St. Joseph's Hosp., London, 1919) to Alexander Lobban.

CLARKE—PORTER — On Wednesday, January 14th, at "The Manse," College Street Presbyterian Church, Toronto, Olive Porter (T.G.H., 1921) to Edgar Clarke, of Toronto. Mr. and Mrs. Clarke will live at 153 Rose Ave., Toronto.

EMERY—MINNES—On Wednesday, January 21st, at Kingston, Ont., Annie Isobel Minnes (T.G.H., 1918), to Desmond Joseph Emery.

TAYLOR—CLAPP—On Saturday, December 27th, 1924, at St. Mary's Church, Oak Bay, Victoria, B.C., Jacqueline Clapp (H.S.C., Toronto, 1920) to Thomas F. Taylor.

McLELLAND—LEACH — On December 29th, 1924, Maisie Leach (H.S.C., Toronto, 1919) to Dr. Harold McLelland, Mimico, Ont.

DEATHS

DICKINSON—On September 28th, 1924, at Bournemouth, England, Nursing Sister Meta Dickinson, formerly of the Canadian Army Medical Corps.

BAILEY—On February 3rd, 1925, at Cookshire, Que., Mildred Bailey (R.V.H., Montreal, 1923).

LOWE—On January 18th, 1925, at Tuxford, Sask., the infant daughter of Mr. and Mrs. A. H. Lowe (Clara Goddard, Jubilee Hospital, Victoria, 1919).

SKETCH TOURS IN FINLAND
For Visitors to the Congress of Nurses, Helsingfors, 1925

(a) Helsingsfors, Viborg, Imatra, Nyslott, Kuopio, Kajana, Uleaborg, Helsingfors—nine days. **Fkm. 1,929.-50.**

(b) Helsingfors, Viborg, Imatra, Sordavala, Valamo, Sordavala, Punkaharju, Nyslott, Willmanstrand, Helsingfors—five days. **Fmk. 1,083.-75.**

(c) Helsingfors, Viborg, Imatra, Sordavala, Valamo, Sordavala, Koli, Joensuu, Nyslott, Punkaharju, Nyslott, Willmanstrand, Helsingfors—eight days—**Fmk. 1,728.**

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(e) Helsingfors, Viborg, Imatra, Sordavala, Valamo, Sordavala, Punkaharju, Nyslott, Kuopio, Kajana, Vaala, Muhos, Uleaborg, Helsingfors—eight days. **Fmk. 1,669.25.**

(f) Helsingfors, Imatra, Punkaharju, Nyslott, Willmanstrand, Helsingfors—four days. **Fmk. 1,055.75.**

(g) Helsingfors, Kuopio, Nyslott, Punkaharju, Sordavala, Valamo, Sordavala, Imatra, Viborg, Helsingfors—five days. **Fmk. 1,249.75.**

(h) Helsingfors, Tavastehus, Palkane, Kangasala, Tammerfors, Helsingfors—two days. **Fmk. 488.25.**

(i) Helsingfors, Willmanstrand, Imatra, Viborg, Helsingfors—three days. **Fmk. 669.75.**

(j) Helsingfors, Lahti, Jyvaskyla, Kajana, Vaala, Muhos, Uleaborg, Helsingfors—five days. **Fmk. 1,232.-75.**

N.B.—The prices are given in finmarks, about 40 of which make one American dollar.

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Nosokomos, Holland.

The Nurses' Association of China.

Sjukskoterskeforeningen i Finland.

The South African Trained Nurses' Association.

The Trained Nurses' Association of India.

The Canadian Nurses' Association will be represented at Helsingfors in July by their delegates who were duly appointed at the general meeting in Hamilton, June 23rd-25th, 1924. These were the President and Past-Presidents of the Association. Any member of the Canadian Nurses' Association will be welcomed at the Congress in Helsingfors.

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